

ARLINGTON COUNTY
TRANSIT BUREAU (MAINTENANCE AND OPERATIONS)

CONTRACT SERVICES CALL ORDER

Prepared:	Date Prepared:
-----------	----------------

Type of Work:

Contractor:	Contract #:
-------------	-------------

Address:	Contractor POC:
----------	-----------------

	Office Telephone:
--	-------------------

	Cellular Phone
--	----------------

Other Data:	Contractor Fax:
-------------	-----------------

Location and Description of Work

Work Estimates

Estimate Date:		Site Visit Date:	
----------------	--	------------------	--

Work Item(s):	QTY/UP	
---------------	--------	--

--	--	--

--	--	--

--	--	--

Estimated Cost:	PO/Contract #:
-----------------	----------------

APPROVALS / ACCEPTANCE OF TASK

NOTE: By signing this Work Order, the contractor acknowledges that he/she will only perform the work described herein after this Work Order is approved in writing by the Project Officer. Furthermore, the cost to the County for this work shall not exceed the estimated cost listed.

				Work Order #	CO-00-00
--	--	--	--	--------------	----------

	Date Issued:
--	--------------

Project Officer: _____	Date Completed:
------------------------	-----------------

	Date Invoiced Rec'd:
--	----------------------

Contractor _____	Date:	Invoice Amount:	
------------------	-------	-----------------	--

Remarks: